

POSITION	ID NO.	DATE
CLASSIFIER	19	7/11/83
EXAMINER	353	7-15-83
TYPIST	331	7/24/83
VERIFIER	311	7-24-83
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Date
Final	
Original	
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SYMBOLS
 [Symbol] Rejected
 [Symbol] Allowed
 [Symbol] (Through number) Canceled
 [Symbol] Restricted
 [Symbol] Non-elected
 [Symbol] Interference
 [Symbol] Appeal
 [Symbol] Objection

Claim	Date
Final	
Original	
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(LEFT INSIDE)